

Telephone interview with Dr. John Atkinson, MC, USNR, neurologist. Stationed at the al Khanjar Navy-Marine Corps Trauma Center (Saudi Arabia) as a member of 2nd Medical Battalion, Second Force Service Support Group, I Expeditionary Force during the Persian Gulf war of 1990-1991. Interviewed by Jan K. Herman, Historian, Navy Medical Department (Ret.), 6 April 2019.

Tell me how you became a physician.

I got out of undergraduate school and decided to do a little graduate work before deciding to go to medical school.

Where did you go to medical school?

The University of South Alabama. The first and second year was when I did OIS (Officer Indoctrination School). They wanted us to drill in the summers but I don't recall ever doing that. For the seven years I was training in surgery, I didn't do anything in the military that had any merit. I may have gone to the Minneapolis base on a weekend a few times but there was no regularity to it because I had no regularity in my life. It was a very busy time.

I started my naval career when graduated from my residency, which was June 30, 1990. I showed up at Oakland Naval Hospital on August. I had already talked to the chief of surgery there, John Partington. Bob Keating was the other neurosurgeon.

I believe the invasion of Kuwait was August 2. We had already surmised that something was going to happen. Then I got orders to show up at Camp Pendleton in 24 hours. With a change of underwear and the uniform of the day, I went. We had a rented house in Alameda. Nothing was unpacked. I went out to dinner with my wife and the next thing I was on a plane to Pendleton. I got with a Marine drill instructor there. I figured what the heck. I'd just go ahead and learn how to shoot the M16 and the 9mm, which they had issued. I shot those on the Marine range. It just seemed like a couple of weeks waiting to go over.

When you were at Pendleton, did you receive any kind of orientation as to what you might expect when you got to Saudi?

Yes and no. They didn't know what we were going to encounter.

How about chem-bio and training with MOPP gear and such?

Yes, we got some of that. We had gas masks in our backpacks. We were issued 9mm pistols. In fact, we wore gas masks a lot once we got over there. We had many drills wearing them. At Pendleton, we had drills on how to deal with contaminated personnel and we would wash them down. We had courses on how to wear gas masks, how to fit it properly, how to get chemically exposed patients out of theater, how to get yourselves cleaned up if you were contaminated, and that sort of stuff. We were casually immersed in a variety of things while we were at Pendleton. Every day was filled with something and free time was pretty sparse. We were always in a class, talking about the invasion, and having intel meetings.

I trained at the Mayo Clinic. We're a level one trauma center. We see a lot of motor vehicle accidents, farm injuries, and a lot of stupid people doing stupid things. But what we don't have in

this neck of the woods is the “knife and gun club.” The only ballistics injuries are either hunting accidents or self-inflicted. We don’t see a lot of homicides. They just don’t do that here. Germans and Scandinavians just don’t murder each other. They beat each other up but they don’t pull out guns and shoot each other. It’s not a hot-tempered kind of culture here. I knew how to handle trauma and how to handle ballistic injuries but I wasn’t immersed in it.

Was there anything regarding keeping your medical skills current?

I gave a few courses to the corpsmen on head and spine injury, things I thought might be relevant. They were a pretty eager group.

What about providing you with medical gear?

They had big lockers or chests filled with medical gear and they said to us, “What do you need?” I looked at what they had and asked, “Are we going to have electricity?” Initially, they said no. I then told them I’d like a manual drill so I could get into someone’s head, and perhaps a Gigly saw, [A flexible wire saw used by surgeons for bone-cutting] the rudimentary things you might need to do a craniotomy or open someone’s skull, if you had no power. When they asked me what drugs I would need, I told them we could use some antibiotics. They had a little bit of valium and some dilantin, which is an anti-seizure medication. And that was it. That was my neurosurgical package. They didn’t have much of anything else.

When I got on the plane with the rest of the people, it seemed like those folks were just names pulled out of a hat. It was as though someone said, “We need an oral surgeon. We need this, we need that. We need some corpsmen.” In fact, a corpsman was on the plane who had been in a fight in Tijuana the week before and gotten his jaw broken. His jaws were wired shut! And he was on the plane. There was an old general surgeon reservist pulled out of a practice. A lot of surgeons on that plane were reservists just pulled out of their practices. I remember writing a letter to Colin Powell once I returned from the conflict. In the letter I said it was unfair to pull all these guys out of their private practices. They were serving their country as reservists and I thought it was their job to backfill the hospitals. But that’s not what happened. Most of the people over there, at least in my view, were reservists. There were some active duty people, to be sure, but most were reservists pulled from their private practices who lost a lot of money. If you had a big mortgage, all of a sudden your pay went to nothing.

I don’t think the military knew what they would do with us. I believe the leadership wanted to tell everyone that they would have medical in theater. But it was clear to me we would certainly be there but we wouldn’t be able to do much. I didn’t mind going. That’s what I signed up for. But to be on a plane with some old guys who, most likely, couldn’t pass a PRT, seemed like a very bad idea.

Anyway, near the end of August, they piled us all in a C-5 and we flew from Pendleton to the East Coast. We got off the plane just long enough to get some pizza. Then we flew to Germany, which was quite an experience. Getting off the plane, I was in jungle cammies. We didn't have desert cammies at that time. To this day, I have no idea where we were and they didn't tell us at the time. We were in the middle of a good-sized town, maybe Frankfurt. There were showers erected in what appeared to be a quad area in the middle of a shopping area. There were families walking around and we were allowed to take a shower if we wanted. There were no walls or partitions. A lot of us just stripped down and took a shower, but it was kind of unusual doing that in the midst of German civilians walking around with their kids. They paid us no attention at all. I imagine nudity in Germany is a pretty usual thing.

This whole scene sounds completely bizarre.

I thought it was unusual but I didn't care because I wanted a shower. We then got back on the plane, which was very cramped with no place to go. You had your pack and your gear. I was sitting on the upper deck of the plane and the engines were deafening. I had my earplugs in for most of the flight.

We landed at about 3 in the morning at al Jubail. It must have been a hundred degrees. It was smokin' hot and the sun was even close to being up. This was really my first experience with the Marine Corps, which really taught me a really good lesson. This gunny, who was clearly in charge, comes up to us. We were all medical and he was the only enlisted Marine NCO there. A forklift came to the plane and began unloading all this stuff. There were buses about 400 yards down the tarmac--way down the tarmac. The gunny says, "Get your gear and get down to the buses." I made a mistake and said, "Hey, Gunny, wouldn't it be easier if the buses came up to us?" And he replied, "I said, get your gear and get down to the buses!" So then I realized that I'm never going to argue with these guys. Just do what they say. No flexibility whatever. But they were really good, though. They were really good to their Navy medical. Anyway, that was my first experience with a Marine NCO running the show. Even if it was a bad decision, they weren't going reverse that decision.

So we picked up our gear and headed to the buses. The reason I said it to the gunny was because we had a bunch of old guys on that plane they pulled out of practice somewhere who were already huffin' and puffin' in that heat and we had to carry that gear to those buses. I was thinking, there's no way these guys were going to carry their gear. So we made multiple trips to the buses. Some of those older guys just could not do it.

The buses took us to this big tent camp. For about three days that we were confined to this area, all I did was look for shade and drink water. When the sun came up, it was amazingly hot and dry. You'd get dehydrated so fast. While there, we'd go to intel meetings and they'd tell us there were so many armored Iraqi divisions at the Kuwaiti border with Soviet T-72 tanks. And they're coming down here. And the only thing between them and us is the 82nd Airborne. That outfit wasn't heavily mechanized and there was no way they were going to stop the Iraqis.

Anyway, I just stopped going to those intel meetings. There was nothing I could do about the Iraqis, anyway. I wasn't a trigger-puller and I wasn't there to kill people. I just didn't want to hear any of that anymore so I just hung out with the medical people.

After about three or four days in this camp, they opened this vacant women and children's hospital in al Jubail. And it was air-conditioned! We all moved in and began setting up our gear there. We had an operating room and air-conditioned rooms. Actually, it was very nice for them to open it up for us.

My understanding is that that hospital had been abandoned because of some structural problems and the Saudis had planned to build another hospital elsewhere.

I guess that's right but it wasn't really that bad a place. It wasn't like the walls were crumbling down, and the air-conditioned worked, which was merciful. I thought that if we had started taking casualties and had to be in that operating room all gowned up without air-conditioning, we would have been soaking through our gowns and the sweat would be dripping in the wounds. I imagine Vietnam must have been like that--a cesspool of heat and sweat.

While we were there, we could get on the bus to go to al Jubail. One thing I noticed was that there were so many O-4s all over the place. I was an O-4. There were very few O-5s and I didn't see very many O-6s at all. A lot of the O-4s and O-5s were frocking themselves--putting on bars or whatever to promote themselves. A lot of the enlisted just wouldn't listen to an O-4 or O-5 because we were just a dime a dozen. You had to make yourself an O-6 because none of the Navy corpsmen or Marine enlisted were going to jump to your recommendations or orders. We sat in that hospital for months.

Did you treat any patients in that hospital?

Occasionally. I was the only neurosurgeon in theater and, by definition, the only psychiatrist and neurologist. I remember seeing a Marine sniper come into the hospital and his hand didn't work. He couldn't get his hand to pull the trigger. It was clearly a conversion disorder. There was nothing wrong with his hand. There were a myriad of psychological reasons he didn't want to be by himself somewhere as a sniper. I saw a lot of that. There were also a fair number of motor vehicle accidents or an occasional round that would go off accidentally. Or someone would forget the password coming into some camp and someone would let loose a volley of rounds. So there was always the occasional gunshot injury.

Every week or so, we'd go into town and take care of some civilians at a hospital in al Jubail. I heard that a lot of the infrastructure there just up and left. There was no one running the gas stations so that when someone ran out of gas, they just abandoned the vehicles. Later, when I was up in a helicopter, I saw abandoned cars all over the place--Mercedes and BMWs, just sitting beside the road. I was also told that the horrendous traffic accidents occurred because the stop signs were for us, not for the Saudis, who just didn't stop. So it was the civilian victims of those accidents that we took care of. It was kind of interesting to be treating a woman who was behind a curtain because you couldn't touch her. You'd be talking to a woman nurse who is doing your exam for you while you're standing on the other side of the curtain. You'd be speaking English, she'd do the exam, and then relay back to you what the woman was saying. It was rather weird.

We just ran our hospital until December treating, as I said, mostly motor vehicle accidents. Moving that number of troops into theater, someone would run a jeep off the road, and things like that.

A lot of people just didn't want to be there. There was a family practice doc who was there for the first week. I don't know if this is true or not because I never saw the x-ray. He said he broke his ankle. He got his own x-ray and wrote his own evac orders out and went back to Germany. But there were a fair number of people who just didn't want to be there because the circumstances were so unpredictable. Nobody knew how long we were going to be there. Nobody knew how hot the war was going to be. There were just a lot of unknowns. There was no rotation. We were just there for the duration. If it was going to last three years, then you were gonna be there for three years. If it lasted four months, you'd be there for four months. Most of the anxiety we experienced was due to not knowing how long you would be there. There was no time clock. You were simply there until the job was done. I just did what I was told and showed up and did my job. A lot of people--enlisted and officers--who showed up at the hospital with complaints that were not valid. Many people showed up with "migraines" that were so serious, that "I can't go back." If I found that they were bad for the morale of the troops, I'd just get them out of there. I figured that was the best thing I could do. If you could get them back on their feet and encourage them, you could send them back to their unit.

In December, the XO, Barney Barendse, called me into his office and said, "I'm going to give you the option. There's going to be a field hospital we're moving to and we usually don't have neurosurgeons in this capacity so we can either send you back to the fleet hospital or you come up with us." I had been with the group for a good length of time and had come over on the plane with them so agreed to go with them.

It was a spot south of the Kuwaiti border called al Khanjar. At Khanjar they had these big, bermed out tents and McKess shelters they had put together for the ORs and radiology. It was pretty nicely done. They even had an air-condition system in those shelters. The tents were cool. It was hot in the day but chilly at night in the desert. There was no vegetation to hold the heat at night.

While we were up there, I noticed that the Marine Corps and the air wing were behind us. It was clear that the fighting machine was behind us and we were at the very front. There was a Marine colonel who was clearly in charge. One day I asked him, "Colonel, why are we up here at the front?" Occasionally, we could hear rounds exploding beyond our perimeter at night. We could also hear the B-52s and the concussions of their bombs hitting. You would hear the ground rumble. We wondered how anyone could live through that.

We had sandbags everywhere and shelters that were built partially underground. The air war kicked off on January 17. Before then we were trying to work our plans--how we were going to move patients through our hospital and familiarize ourselves with the place. Where the ICU was, where the triage tent was, how to get patients to the OR, and how to get them to the helicopters and out of theater. We practiced all that until the air war kicked off. [17 January 1991]

There was a SEAL camp close to us. They had dogs and every once in a while they would come around. They were trying to be friendly but were just spooky. I was glad they were there but they were kind of menacingly dangerous.

When you went from Jubail to Khanjar, did you find that a lot of the hospital at Khanjar had already been constructed?

A lot of it had already been done but it was still a work in progress. They didn't yet have sandbags around the shelters. I remember the Marine colonel driving around in a jeep. He said, "You guys need to get this stuff bermed up here! Get these sandbags filled. We could be taking rounds any day now." Again I asked him why we were up in the front? His answer was, "You're at the front because we're gonna move so fast, we expect you to be in the rear within an hour or two once we start the ground war."

That sounds like a true Marine.

Yes. You know when you eat with the Marine Corps when you're Navy, the lowest ranking private goes first and the highest ranking officer eats last. If they had any fresh vegetables or meat, it was gone before the officer corps got there. Usually it was MREs, but occasionally, it would be something else.

They had these latrines. You couldn't bury anything like that on the soil. You had to time your bowel movement because the flies were absolutely insufferable. You'd put your t-shirt up over your face to keep the flies off your face, then you'd go in the shitter and take care of business. You'd try to time your bowel movement if you could eat your meals correctly and get some coffee in the morning so you could go in the morning when it was cooler. Otherwise, it was just miserable in the heat of the day with those flies. At first, we didn't have any potable water. I think we were there a month before we got a shower. When the air war finally began, there were screaming jets all over the place.

I understand that prior to the ground war, morale at Khanjar wasn't the greatest. There was a lot of down time and people were sitting around complaining. The guys who were away from their practices were bitchin' and moanin' about being there and not at their practices. I have been told that it was just a tense situation. Did you find that to be true?

I think so but I think it was tense because there was a lot of anxiety about what was going to happen. We weren't privy to CNN so we didn't get an hour of news every night. We didn't have any idea what was going on. There was nothing else but what we were told and what we could see in the sky. Then we saw the oil wells on fire. The SEALs would go out at night and bring back corpses in the morning. And they'd be in this big refrigerator--10 or 15 corpses at a time. Then a big refrigerator truck would pick them up and take them somewhere.

These were Iraqis?

That's what I'm guessing. All this happened at night. It was kind of a weird thing and it went on every night during the air war. So between this and the Cobra helicopters screaming overhead, there was a lot of anxiety. There wasn't much for us to do and we were expecting something to happen any day. That's why all the bitching.

Then they told us about 12 hours before the ground war started [24 February 1991]. I remember it was late in the afternoon when we got word that . . . They called us all together and told us the ground war would start in 12 hours and we could expect lots of casualties. So I didn't sleep well that night.

When it started, we could hear this thunderous artillery and then it began to fade into the distance as the hours passed. Then casualties started showing up. They weren't Americans or NATO troops. They were people who got in the way of whatever was happening up there.

Were these civilians?

Could have been. They were people caught in the crossfire. I don't think they were civilians; I didn't see any women or children but they weren't dressed like soldiers, either. I assumed that these were people who may have pressed into service, perhaps Iraqis who were up there at the front edge of the battle. I don't think these were Saddam's elite Republican Guard who were going to take the first blow.

By the time the ground war started, these Iraqi troops were pretty bedraggled. They had been under air bombardment for weeks and had been in their uniforms for that whole time. Little food and water, no medical attention, and nowhere to hide.

It had to be demoralizing. You could feel the ground shake where we were, some distance from the fighting. I was thinking that there was no way someone could live with that, and if you did live through it, you'd be deaf.

We had drone aircraft that flew over and took photographs. The Marines who ran them let us come into their little office and see those photos. We also saw satellite photos that were infrared. You could see the heat from the engines of Iraqi vehicles. You could watch somebody carrying what looked like hot food and little footprints in the sand from the heat of their feet as they were delivering food to Iraqi troops somewhere north of us.

These were drones that were taking these pictures?

Either drones or satellite photos. It was interesting to see the pictures and watch them launch the drones from a catapult. I remember asking about losing or having them shot down and a Marine said, "Doc, they don't cost us that much but they're really good intel." It was kinda neat to hang out with those people and get a little perspective on the military side of things. Those Marines really took good care of their assets. I remember somebody asking our line colonel if they could go back to Dhahran and "vacation" as we heard the Army troops were doing. And he said, "Son, if our lowest ranking private can't go back to Dhahran, what makes you think you're gonna go back there?"

Once the ground war began, you did start to see some allied casualties.

Yes, we began seeing a lot of testicular injuries so the urologist was very busy. The Kevlar vests came down to your crotch so you'd be somewhat protected. But your testicles were unprotected. He saw a lot of penile-testicular injuries. The only troops we saw were occasional U.S. troops who were injured in combat. But most of the "friendly" casualties were troops who were victims of senseless acts of stupidity. A mine may have washed up on the beach and a group of Marines were standing around it. One of them kicked it and it went off. Or they were drinking methanol,

distilling some kind of lighter fluid or some other kind of alcoholic-based liquid. Those people then came in with some kind of visual loss from methanol poisoning. That stuff wasn't very common. The bulk of what came into our hospital were Iraqis, or at least people who looked like Iraqis.

After the ground war ended, the casualties that came in were stupid things: a jeep tipped over, a bomb went off after someone kicked it--stuff like that.

Did you have any neurological injuries that you treated specifically?

I did seven or eight craniotomies. Most were missiles or fragment injuries. There was already an opening in the skull. By that time, we, of course, had power so we had everything you'd have in a standard hospital. Much of what we did was triage. Many of the Iraqis with head injuries were already dead when they got to us, or brain dead. We evaluated the ones who would survive and cleaned up the wounds as best we could.

One day I got called into the XO's office and he said, "I'm not telling you to do this but I'm asking you if you will do it." A Saudi missile corvette had been hit by friendly fire out in the Gulf. They had their radar on and a radar-seeking missile hit them. He asked me if I would go out to it and tend to the wounded. I recall thinking that this wasn't a good strategy. It would be better if we brought them here. But I didn't say that. Anyway, I said I would go.

I was taken in a jeep to a French helicopter. The pilot didn't speak much English. They put me in the back and we were flying out to the ship. It was an eerie, twilight zone sort of thing because we were flying very low in the vicinity of the oil well fires. We couldn't fly very high or we'd be in the smoke with little visibility. Once we got over the water, the pilot flew about 20 yards above the water, weaving in and out of the smoke. We saw the oil wells on fire in the distance. Occasionally, we'd see a body floating in the water and corpses on the oil rigs.

Sitting behind the pilot, I saw a vessel through the windshield sitting dead in the water. Its radar mast was clearly gone. Whatever hit the ship had taken it right off. As we got closer, I saw a guy on the front of the ship standing and shooting a rifle into the water. The pilot turned to me and said, "Mines!" A few seconds later, the guy's rifle fire exploded a mine. It was a huge explosion. I thought, Great. This is just what we need. And as we got over the fantail, I realized there was no way we could put this helicopter down on this boat. It wasn't big enough. Clearly, they were going to winch me down.

So they put me in some kind of sling, opened the door, pushed me out, and winched me down to the boat. The people they wanted me to attend to were in bad shape. One was already dead and there was nothing to do. Another had the back of his head irreparably damaged and he was going to die. And the third man had lost his whole jawbone. The only things he had left were his epiglottis and his upper teeth. His tongue was gone and he was bleeding to death. I had no IV, no nothing! And there was nothing on the helicopter, either. So they had sent me out there with nothing to work with. I told someone to hold open his trachea so I could do CPR but it was a dead end. This guy needed blood volume and I had nothing. So he died.

All the sailors on this boat were staring at me with kind of a malevolent look because I wasn't doing anything. Why wasn't I doing something to save their shipmate?

The guy with the back of head missing was comatose. The helicopter was still hovering above the ship so I motioned for them to winch a stretcher down to me. I had never done this before nor seen it done before. I had no idea how to get this guy on the helicopter. I put him on this platform/stretchers and they were gonna winch it back up. There was supposed to be a guide line when they winched him up to keep him from spinning. But I didn't know that. As they were pulling him up, he started spinning. I remember thinking to myself whether I strapped him on the stretcher or not, although I was pretty sure I did. I thought if he spins off the stretcher and lands in the water or back on the ship and dies, I don't know what's gonna happen to me on this boat.

Anyway, he didn't fall off and they pulled him up into the helicopter and it took off, leaving me behind. You've gotta be kidding me, I thought, I'm the only neurosurgeon at that hospital. When they got him back to Khanjar, there was no one there who would know what to do.

But the captain of the boat had spent some time at Princeton and he spoke English and said they would get me back. I was sitting at the back of the boat with all these crewmen looking forlorn. Some of their comrades were dead; the situation wasn't good.

And suddenly a boat came up beside us--kind of a pontoon boat--with four 300-horsepower Johnson outboard engines on the back. There was a guy on the front of the boat strapped to it. There was only one way to get down to it, and that was to jump down about 15 feet. I looked down there and there was no ladder. I thought I'd bust my ass jumping down. I lowered myself as far as I could and jumped into the boat.

That boat then took off like a bat out of hell. We were hitting the tops of the waves and must have been doing 40 mile an hour! The spray was hitting us full force. The guy in the front was cabled down to the front of the boat. He had a vest and on that vest were cables that kept him on the boat. He was taking every wave, which came across the bow. We had a half shelter over us where the driver was and a guy sitting in the front seat. I had my feet under these little loops on the deck and was holding on to the ceiling for dear life. I kept hoping I wouldn't throw up. Then, all of a sudden, the guy on the bow of the boat would point his arm out in one direction and the driver would turn suddenly the other way. And he never slowed down--ever! I asked the driver what he was doing and he said, "Mines!"

Where did that little boat take you?

It took me back to this little dock. Waiting for me there was an ambulance, a modern white ambulance like you'd see in America. I got in the back and the driver took off like a bat out of hell. The ship must have radioed ahead that they had to get me back. Anyway, the ambulance was going about as fast as it could. We were going so fast, it was ridiculous. I kept thinking that either on the journey on that boat we'd hit a mine, or now I'm going to turn over and die in this ambulance.

Regardless, I got back to al Khanjar. I remember getting out of the ambulance with a nauseating feeling. I found Barney Barendse and asked how the patient did. He said he had died. That was

no big surprise to me. I then told him that it wasn't a good idea to send medical out on such missions. The wounded need to come back to the hospital. That was my summary statement to him. I ended up with a Navy Achievement Medal as a result of that episode.

After the 100-hour ground war ended, how long did you remain at Khanjar?

There was a group of people who came late to Khanjar. They showed up about a week before the air war kicked off. And there were even people who showed up just before the ground war started. I think they weren't reservists but active duty. There were a lot of misgivings by the people who were already there. They would say things like, "It looks like the active duty people are showing up so they can their Combat Action Ribbons and the rest of the ribbons." And then they were the first people to leave. You can imagine what the folks who had been there from the beginning were saying then.

When did you get to leave?

It was about two to three weeks. When it was over, there was nothing else to do and so we were waiting for a plane to take us home. I think it was about March 9th, as I recall, before I left.

What do you recall about the departure?

I got my desert cammies about the time I was ready to leave because they didn't want anyone to show up stateside in jungle cammies. We left our gear behind and just had a change of clothes. It was a private plane, United Airlines or something. There were four of us there on that plane, one other officer and two corpsmen. They gave us free drinks. The people who were with me were drinking a lot. I didn't have any because I wanted to show up at the airport in good shape and not be drunk when I met my wife.

Everybody on the airplane was so nice. I can't imagine the reception the Vietnam people got when they were coming home. But the crowd on that airplane were so grateful to us. They went out of their way to say thank you for serving this country. From that point on, I've never had anyone say anything derogatory to me about my service. It's been an honor to serve. That plane ride home was just a joyous occasion.

Where did you finally land?

We landed stateside at an Air Force base on the east coast. They had a big reception for us with a band and a lot of people came out to welcome us. Then we got back on a plane and flew to San Francisco with, I think, was a refueling stop in Oklahoma.

And then, I suspect, you were right back on duty at Oakland.

Right back on duty. The chairman of the department gave me a month off, which was very nice. I hadn't driven a car since I had left.

My father-in-law had died while I was over there and they had told me that Bill Smith had died. Well, there were two Bill Smiths--my wife's brother and her father. All I knew was that Bill Smith was dead. They put me in a jeep and took me to a telephone so I got to talk to my wife and she told me that her father had died.

Did you stay in the Navy for any length of time after you returned?

I did my four years. When I wrote Colin Powell that letter I mentioned earlier, I said I thought there should be one uniformed military service that supports the service that's in combat. If the Marine Corps is taking the brunt of it, we should support the Marine Corps. If the Army's taking the brunt of it, then we should be supporting the Army. Supplying the assets and the precious resources of the services' medical corps was probably not a good idea. The McKess shelters should be pre-arranged and a complete OR should simply be dropped in by helicopter. There you are: You have tables, lights, and it's ready to go. You got pharmacy, x-ray: all those could be dropped in and ready to go. This would be far better than building the shelters and then bringing the equipment in by truck.

Did you ever get a response from Powell?

No, but I did get a letter from, I think it was his aide de camp. It was the usual form letter, "Thank you for your letter. We will take your suggestions under advisement."

You say you have a lot of pictures you took in theater?

Yes, and many clippings my mom saved from that time. She worked at the Air Force Library at Maxwell Air Force Base. My dad was a professional historian and he taught at the Air Force War College at Maxwell for years. I'd be happy to send a lot of this to you if you want, as long as you get it back to me.

I will happily do that. And thank you for spending time with me today. I think I now have a good idea on how you saw the war from your perspective.